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**BEFORE THE  
PHYSICAL THERAPY BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. ID 200966866

**JOSE C. RECASAS, P.T.**  
30438 Napa Street  
Menifee, CA 92584

**A C C U S A T I O N**

Physical Therapist  
License No. PT 33153

Respondent.

Complainant alleges:

**PARTIES**

1. Steven K. Hartzell (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Physical Therapy Board of California, Department of Consumer Affairs.

2. On or about October 3, 2006, the Physical Therapy Board of California issued Physical Therapist License Number PT 33153 to Jose Recasas, P.T. (Respondent). The Physical Therapist License was in full force and effect at all times relevant to the charges herein and will expire on August 31, 2010, unless renewed.

## JURISDICTION

brought before the Physical Therapy Board of California (Board),

Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2660 of the Code states:

“The board may, after the conduct of appropriate proceedings under the Administrative Procedure Act, suspend for not more than 12 months, or revoke, or impose probationary conditions upon any license, certificate, or approval issued under this chapter for unprofessional conduct that includes, but is not limited to, one or any combination of the following causes:

“ . . .

“(g) Gross negligence in his or her practice as a physical therapist or physical therapist assistant.

“(h) Conviction of a violation of any of the provisions of this chapter or of the Medical Practice Act, or violating, or attempting to violate, directly or indirectly, or assisting in the abetting or violating of, or conspiring to violate any provision or term of this chapter or of the Medical Practice Act.

“ . . . ”

5. Section 2620.7 of the Code provides in pertinent part that:

“(a) A physical therapist shall document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record.

(b) A physical therapist shall document the care actually provided to a patient in the patient record.

(c) A physical therapist shall sign the patient record legibly.

(d) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient . . . ”

6. California Code of Regulations, title 16, section 1399.85, states that:

“A physical therapist shall document in the patient record the following:

(1) Examination and re-examination

when the patient is to be reevaluated and the reevaluation

3 (4) Prognosis and intervention

4 (5) Treatment plan and modification of the plan of care

5 (6) Each treatment provided

6 (7) Discharge Summary

7 Each entry shall be dated and signed by the treating physical therapist. Adjacent  
8 to the treating physical therapist's signature or at least on every page if there are  
9 multiple entries on a single page shall be the printed or stamped name of the treating  
10 physical therapist.ö

11 7. Code of Regulations, title 16, section 1399.20, states in pertinent part:

12 öFor the purposes of denial, suspension or revocation of a license, pursuant to  
13 Division 1.5 (commencing with Section 475) of the code, a crime or act shall be  
14 considered to be substantially related to the qualifications, functions or duties of a  
15 person holding a license under the Physical Therapy Practice Act if to a substantial  
16 degree it evidences present or potential unfitness of a person to perform the functions  
17 authorized by the license or approval in a manner consistent with the public health,  
18 safety or welfare. Such crimes or acts shall include but not be limited to the  
19 following:

20 ö(a) Violating or attempting to violate, directly or indirectly, or  
21 assisting in or abetting the violation of, or conspiring to violate any  
22 provision or term of the Physical Therapy Practice Act.

23 ö. . .

24 ö(c) Violating or attempting to violate any provision or term of the  
25 Medical Practice Act.ö

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## COST RECOVERY

Code states:

3                    ã(a)            In any order issued in resolution of a disciplinary proceeding before  
4                    the board, the board may request the administrative law judge to direct any licensee  
5                    found guilty of unprofessional conduct to pay to the board a sum not to exceed the  
6                    actual and reasonable costs of the investigation and prosecution of the case.

7                    ã(b)            The costs to be assessed shall be fixed by the administrative law  
8                    judge and shall not in any event be increased by the board. When the board does not  
9                    adopt a proposed decision and remands the case to an administrative law judge, the  
10                   administrative law judge shall not increase the amount of the assessed costs specified  
11                   in the proposed decision.

12                   ã(c)            When the payment directed in an order for payment of costs is not  
13                   made by the licensee, the board may enforce the order of payment by bringing an  
14                   action in any appropriate court. This right of enforcement shall be in addition to any  
15                   other rights the board may have as to any licensee directed to pay costs.

16                   ã(d)            In any judicial action for the recovery of costs, proof of the board's  
17                   decision shall be conclusive proof of the validity of the order of payment and the  
18                   terms for payment.

19                   ã(e) (1)       Except as provided in paragraph (2), the board shall not renew or  
20                   reinstate the license or approval of any person who has failed to  
21                   pay all of the costs ordered under this section.

22                   ã(2) Notwithstanding paragraph (1), the board may, in its  
23                   discretion, conditionally renew or reinstate for a maximum of one  
24                   year the license or approval of any person who demonstrates  
25                   financial hardship and who enters into a formal agreement with  
26                   the board to reimburse the board within that one year period for  
27                   those unpaid costs.

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recovered under this section shall be deposited in the  
a reimbursement in either the fiscal year in which the costs

are actually recovered or the previous fiscal year, as the board may direct.ö

## FIRST CAUSE FOR DISCIPLINE

### (Gross Negligence)

9. Respondent is subject to disciplinary action under section 2660, as defined by section 2660, subdivision (g), in that he was grossly negligent with respect to his care and treatment of physical therapy patient O.B. The circumstances are as follows:

A. On or about September 5, 2007, O.B., an 81 year old woman, was admitted to Hemet Valley Medical Center. She had a variety of medical conditions, including blood clot in her legs, gallstones, colitis, dehydration, edema, and malnourishment. Treatment included, but was not limited to blood transfusions, intravenous feedings, and the addition of blood thinners (Coumadin and Lovenox).

B. On or about September 13, 2007, O.B. was transferred to a skilled nursing facility, Hemet Valley Healthcare Center. On admission, she was diagnosed with colitis, PE (pulmonary embolism), DVT (deep vein thrombosis) and weakness.

C. Respondent was employed as a physical therapist at the Hemet Valley Healthcare Center and was assigned to provide physical therapy to the patient.

D. On September 14, 2007, laboratory test results showed the patient's INR (International Normalized Ratio) was not within the therapeutic range, and at 1.7, was low. Her Prottime was 18.4, though normal Prottime is 9.2 to 12.0 seconds. As a result, O.B.'s physician wrote an order for an increased dose of an additional 2 mg. Coumadin.

E. Later that day, respondent conducted a physical therapy evaluation for O.B. at her bedside. He charted that the patient had a recent diagnosis of

arrhea, that she needed precautions to prevent falling and  
balance when standing. He noted she was not ambulatory

and required maximal assistance to transfer. He did not address her past  
medical history or diagnosis of Pulmonary Embolism, Deep Vein  
Thrombosis, Weakness or Colitis. He did not note the Protime and INR  
results, nor the order for increased Coumadin.

F. At one point, while the patient was on her bed and respondent was  
assisting the patient in putting on her slippers, the patient leaned backwards  
and hit her head on the bedrail. Respondent asked the patient how she was,  
and the O.B. told respondent she was fine. Respondent continued with leg  
exercises. He worked with O.B. with a walker for a few minutes.  
Respondent stayed with the patient about 15 minutes after the incident. To  
respondent, O.B. did not appear to have any symptoms from the incident.

G. Respondent did not alert any medical staff about the incident and did not,  
at the time, make any chart entry about the incident.

H. At about 6:25 p.m., the patient's son reported to nursing staff that his  
mother told him she had fallen back and hit her head during physical therapy.

I. The nurse completed an assessment of O.B. She was not in pain. The  
nurse ordered additional monitoring.

J. On September 16, 2007, at approximately 12:30 a.m., O.B. became non-  
responsive. She was transferred to the hospital where she had a brain CT  
scan and was thereafter transferred to another hospital. She died September  
16, 2007, at approximately 3:45 p.m. The cause of death was listed as an  
intracerebral hemorrhage and a pulmonary embolism, etiology unknown.

K. On or about September 17, 2007, respondent wrote a late entry chart  
notation for September 14, 2007, regarding O.B.. He documented that the  
patient fell back and hit her head as he was putting on her slippers during his  
physical therapy session. He did not include an entry into the chart about his



the patient or his evaluation of her condition or status  
ent.

10. Respondent committed gross negligence in his care and treatment of O.B., which included, but was not limited to, the following:

- A. Respondent failed to conduct a complete medical chart review prior to initiating his physical therapy evaluation and treatment for O.B.
- B. Respondent failed to recognize that physical therapy was contraindicated for O.B. and that given her diagnoses of Pulmonary Embolism and Deep Vein Thrombosis, coupled with her anti-coagulant medications, the physical therapy evaluation should not have been initiated until after the patient's INR was within the therapeutic range of 2.0 to 3.0.
- C. Respondent should have notified the physician and requested an order to hold off on physical therapy until the patient was an appropriate candidate for skilled physical therapy services.
- D. Respondent failed to notify nursing staff or the Director of Rehabilitation at the facility to ensure the patient received prompt medical assistance after the patient hit her head on the bedrail.
- E. Respondent failed to recognize that the use of anti-coagulant medication along with a head injury increased the patient's risk of intracranial hemorrhage.
- F. Respondent failed to write a timely report concerning the incident with O.B. on September 14, 2007.
- G. Respondent failed to document in the patient record the patient's response to his treatment, including any adverse effects, such as pain, redness, swelling, blood pressure, respiration, heart rate and oxygen saturation, especially after the patient hit her head.

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**ND CAUSE FOR DISCIPLINE**

**ure to Appropriately Document)**

11. Respondent is subject to disciplinary action under section 2660, as defined by section 2660, subdivision (h); section 2620.7, California Code of Regulations, title 16, section 1399.20 and 1399.85 in that he failed to appropriately document the patient's medical record when he provided her with physical therapy on September 14, 2007, including, but not limited to his failure to document his examination and re-examination, his evaluation, diagnosis, and prognosis, and his failure to timely document her fall and his observations, evaluation and assessment concerning it during his provision of physical therapy. The circumstances are more fully described in paragraphs 9 and 10, above, which paragraphs are incorporated by reference herein.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physical Therapy Board of California issue a decision:

1. Revoking or suspending Physical Therapist License Number PT 33153, issued to Jose Recasas, P.T.;

2. Ordering Jose Recasas, P.T., to pay the Physical Therapy Board of California the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2661.3; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: July 8, 2010

Original Signed By:

STEVEN K. HARTZELL

Executive Officer

Physical Therapy Board of California

Department of Consumer Affairs

State of California

*Complainant*